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ABSTRACT

This brochure, one of a series of publications on recommended feeding and dietary practices to improve nutritional status at various points in the life cycle, focuses on childbirth, the initiation of breastfeeding, and breastfeeding concerns during the first week after birth. Addressed to health care providers working with mothers and newborns, the brochure describes the establishment of good breastfeeding practices in the first days after birth as critical to the infant's health and to breastfeeding success, and identifies actions providers can take during the first week to help the mother and infant establish and maintain good breastfeeding practices. Recommended practices are described for: (1) labor and delivery; (2) the first hours after birth; (3) the first 3 days after birth; (4) and the fourth through seventh days after birth. Ten steps for facilities providing maternity services to foster successful breastfeeding are delineated, including having a written breastfeeding policy communicated to all health care staff, and helping mothers breastfeed within a half-hour of birth. (KB)

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Facts for Feeding: Birth, Initiation of Breastfeeding, and the First Seven Days after Birth.

Academy for Educational Development
Washington, DC

September 2002

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Facts for Feeding

Birth, Initiation of Breastfeeding, and the First Seven Days after Birth

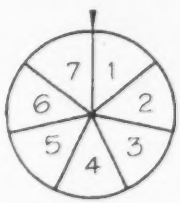
The First Week: A Risky Time

In the developing world, childbirth and the first days postpartum are a risky time for mother and baby. Approximately one-fourth to one-half of deaths in the first year of life occur in the first week. Many of the interventions that will improve the health and survival of newborns are relatively low cost and feasible to implement. One of these interventions is immediate and exclusive breastfeeding. This intervention can also help women by minimizing immediate postpartum hemorrhage, one of the most common causes of maternal death.

Establishing good breastfeeding practices in the first days is critical to the health of the infant and to breastfeeding success. Initiating breastfeeding is easiest and most successful when a mother is physically and psychologically prepared for birth and breastfeeding and when she is informed, supported, and confident of her ability to care for her newborn.

During antenatal counseling, health care providers can prepare women for the events of labor, delivery, and breastfeeding. They can help to ensure a healthy start for the mother/baby partnership by implementing the Ten Steps to Successful Breastfeeding (see page 2). This issue of Facts for Feeding identifies actions health care providers can take during the first week to help the mother and baby establish and maintain good breastfeeding practices.

Labor and Delivery



Mothers should enter into labor and delivery informed about the stages of labor, drug-free ways to cope with labor pain, potential side effects of labor medications, and benefits for mother and baby of immediate and exclusive breastfeeding. Skilled attendants can encourage the support of a labor companion, increase a mother's comfort, and minimize her pain.

Facts for Feeding is a series of publications on recommended feeding and dietary practices to improve nutritional status at various points in the life cycle.

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Encourage the support of a labor companion

Continuous support to the mother by a companion during labor and childbirth can ease labor and delivery, reduce the need for medical interventions, and increase a woman's confidence in her ability to breastfeed and care for her baby. A labor companion can help to keep labor progressing normally by encouraging the mother to walk and move around in labor, offering her light nourishment and fluids, telling her how well she is doing, and suggesting ways to keep pain and anxiety from overpowering her.

Increase comfort and confidence; reduce pain

Most women experience various levels of anxiety, discomfort, and pain during labor and delivery. The risks and benefits of different ways to alleviate pain, especially through medication, should be discussed during antenatal counseling. Some pain medications can increase the risk of separation of mother and newborn after delivery, delaying the introduction of breastfeeding. Pain medication may cross the placenta, making the baby drowsy and diminishing the baby's sucking reflexes. As a result, the newborn may be less ready to initiate breastfeeding.

Alternative ways of managing the pain and anxiety of labor and delivery should be encouraged or at least tried before offering labor pain medications. Continuous labor support, massage, soothing warm water, changes in body position, and verbal and physical reassurance can increase a woman's comfort level and deflect her focus on the pain.

Ten Steps to Successful Breastfeeding

Every facility providing maternity services and care for newborns infants should:

1. **Have a written breastfeeding policy that is routinely communicated to all health care staff.**
2. **Train all health care staff in skills necessary to implement this policy.**
3. **Inform all pregnant women about the benefits and management of breastfeeding.**
4. **Help mothers initiate breastfeeding within a half-hour of birth.**
5. **Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants.**
6. **Give newborn infants no food or drink other than breastmilk, unless *medically* indicated.**
7. **Practice rooming-in—allow mothers and infants to remain together—24 hours a day.**
8. **Encourage breastfeeding on demand.**
9. **Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.**
10. **Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.**

From *Protecting, Promoting and Supporting Breastfeeding: The Special Role of Maternity Services*
A Joint UNICEF/WHO Statement, 1989

First Hours After Birth

The first few hours after delivery are a critical time for both mother and newborn. The mother is recovering from the sudden dramatic physical and hormonal changes triggered by labor, birth, and the expulsion of the placenta. The drop in placental hormones "signals" her body to begin making breastmilk in sufficient quantities to feed her baby. Those attending the mother at birth must keep a watchful eye to detect abnormal bleeding and to ensure that her nutrition and fluid needs are met and her comfort is maintained.

At this same time, the newborn is undergoing the dramatic shift to life outside the womb. The immediate care required by the baby includes attention to the initiation of breathing, skin-to-skin contact with the mother, warmth, immediate and exclusive breastfeeding, and clean cord care.

Make initiation of breastfeeding the first routine in the first hour

For the healthy baby, the first routine after delivery should be skin-to-skin contact and initiation of breastfeeding. Other routines such as cord care, eye care, and weighing can follow. Bathing is not recommended until several hours after birth. Suctioning of the baby's mouth and nose should not be routine but only done if necessary to clear secretions that are preventing the baby from breathing well. A baby who is crying does not need suctioning. If suctioning is necessary, it should be done gently so it does not injure the delicate tissue of the baby's mouth and throat, which could interfere with breastfeeding.

Place the baby skin-to-skin against the mother

The baby should be wiped from head to toe with a dry cloth and placed skin-to-skin against the mother. Baby and mother should then be covered with another dry cloth. Immediate mother/newborn contact takes advantage of the newborn's natural alertness following normal vaginal birth and fosters bonding. This immediate contact also reduces maternal bleeding and stabilizes the baby's temperature, respiratory rate, and blood sugar level. Even a mother who requires stitches in the birth canal can have the baby placed against her skin.

Healthy newborns delivered vaginally are awake and alert, with inborn rooting and sucking reflexes to help them find the breast and nipple, latch on, and start the first feed. Most newborns are ready to find the nipple and latch onto the breast within the first hour of birth.

Left alone on the mother's stomach, a healthy newborn scoots upwards pushing with the feet, pulling with the arms, and bobbing the head until finding and latching on the nipple. A newborn's sense of smell is highly developed, which also helps in finding the nipple. As the baby moves to the nipple, the mother produces high levels of oxytocin, which helps contract the uterine muscle and keep the uterus firm, thereby minimizing her bleeding. Oxytocin also causes her breasts to release colostrum when the baby finds the nipple.

Help mother position baby to the breast

The health care provider or labor companion can help position the baby, so latch-on is effective and does not hurt the mother. Pillows or a folded blanket under the mother's head may help. Or the mother can roll to one side and tuck the baby next to her.

A baby born by Cesarean Section can benefit from skin-to-skin contact by being held close to the mother's cheek right after delivery. In this situation, when initiation of breastfeeding takes place—if possible within the first two hours after surgery—a knowledgeable health care provider will need to help the mother with positioning and attachment to ensure her comfort. For low birth weight and healthy preterm babies, kangaroo care is an effective way of caring for them.

Kangaroo care is defined as "early prolonged, continuous skin-to-skin care in a kangaroo position between the mother and the newborn." Kangaroo care has been shown to achieve effective and prolonged body temperature regulation and stable heart and respiratory rates in the low birth weight newborn. Skin-to-skin care encourages latch-on and suckling, mother-baby bonding, and establishment of successful breastfeeding once a baby is mature enough to suck.

Praise the mother for giving colostrum, the baby's "first immunization"

Colostrum—the sticky, yellow-white early milk—should be the newborn's first taste. There should be no prelacteal feeds such as water, other liquids, or ritual foods. Because of its high levels of antibodies, vitamin A, and other protective factors, colostrum is often called the baby's first immunization.

Continue to monitor and assist mother and baby

Mother and baby should be kept together. During the first few hours after delivery, the mother's temperature, pulse, blood pressure—often called vital signs—and bleeding can be checked while the baby remains on her abdomen. The baby's temperature, breathing, and heart rate can also be checked this way.

Following birth, newborns need:

From *Newborn Health and Survival: A Call to Action*
USAID, WHO, 2001

First Three Days After Birth

During the first days mothers want to know how often to feed the baby, whether breastfeeding is going well, and if the baby is getting enough milk. Women who have had a history of feeding problems can be encouraged to try new behaviors to prevent the same problems. Reassurance from health care providers and support from family is particularly important at this time.

Observe breastfeeds; offer assistance and encouragement

The newborn should be observed for correct positioning and attachment. The baby should be held close to the mother, facing the breast with the baby's ear, shoulder, and hip in a straight line. Signs of correct latch-on include wide-opened mouth with the nipple and much of the areola (the dark area around the nipple) in the mouth, lips rolled outward, and tongue over the lower gum. Visible jaw movement drawing milk out and rhythmical suckling with an audible swallow should be evident.

Provide additional support when initiation is delayed

Under special circumstances, initiation may be delayed because mother and infant are separated for medical reasons. Also, premature babies may initially have difficulty suckling at the breast. Health care providers should provide additional assistance and support so that nearly every mother will, in time, be able to breastfeed her baby.

Teach the mother to express her colostrum and breastmilk

Teaching the mother to effectively express colostrum and to feed it to her baby will enable her to give the baby the nutrient-rich and protective first milk, establish the milk supply, and help avoid engorgement when the milk "comes in." For a mother recovering from a difficult or surgical delivery, it is very important that she not have to contend with the added difficulties of overly full breasts.

Teach the mother to feed expressed breastmilk from a cup

If a baby cannot suckle at the breast, an excellent way to give expressed breastmilk is with a small cup. Cup feeding may be needed for low birth weight and premature infants and for those separated from their mother for other reasons. Cups are easier than feeding bottles to keep clean. The feeding behavior the baby learns with 'lapping' the milk from the edge of the cup does not interfere with latch-on when the baby is ready to feed at the breast. Artificial nipples do not conform to a baby's mouth the same way as a mother's nipple. A baby can rapidly become accustomed to a way of sucking from an artificial nipple which, when applied to the mother, can cause her pain and be less effective in removing the breastmilk.

Counsel on frequent, exclusive breastfeeding

A mother and her family need to be reassured that colostrum meets all of the baby's nutrient and fluid requirements. The more the baby suckles, the sooner mature breastmilk is produced.

As a guideline, newborns should breastfeed at least 8–12 times in 24 hours. The length of the feed will vary from feed to feed and from baby to baby. Unrestricted (on-demand breastfeeding day and night) stimulates milk production and helps prevent engorgement. Infant formula, animal milk, herbal teas, water, or any other type of liquid or food may introduce dangerous contaminants, interfere with mother's milk production, and begin a cycle where less frequent breastfeeding leads to less breastmilk production. Mothers should be encouraged to feed on the first breast without time restriction before offering the second breast to ensure that the baby gets the rich fat content in the hind milk.

Reassure the mother

During the first days after childbirth, women are recovering from profound physical and hormonal changes. They may at times be discouraged and experience discomfort, anxiety, and exhaustion. Mothers and their families should know that these feelings are common among mothers during the first week or two after birth. They should not worry if a mother has a low-grade fever (not above 37.6 C or 100 F) on the day her milk comes in. This fever should last no more than 24 hours. They should also know that the sharp contractions of the uterus that a mother may experience during or after breastfeeding for the first several days—particularly if she has given birth before—are normal and will soon disappear.

Involve family in care and support

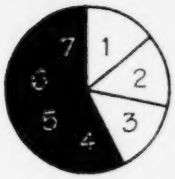
Birth is a life-giving and life-changing experience. Mothers need emotional support, good nutrition, and rest during this profound period in their lives. Their self-confidence increases knowing that they are providing their baby with the very best nourishment, comfort, and care.

- **Partner involvement:** Fathers can be active participants in the early postpartum period. Cultures vary as to how involved men are in the birth events, but almost all fathers are proud and eager to have bonding time with their newborn.
- **Maternal nutrition:** Families can provide breastfeeding women additional nourishing foods and fluids to help them support lactation and maintain their health. Breastfeeding mothers do not need excessive amounts of fluids. They should be encouraged to drink in response to their thirst. In vitamin A deficient areas, they should take a high-dose vitamin A supplement as soon after birth as possible—but no later than eight weeks postpartum—to ensure adequate vitamin A content in breastmilk.
- **Rest:** Mothers should be encouraged to sleep when the baby sleeps. Members of the family can take over or help with tasks normally done by the mother.

Inform mother and family of community resources

Mothers should know how to contact health care providers in the community who support exclusive breastfeeding for the first six months and who know how to advise mothers that experience breastfeeding difficulties such as sore, cracked nipples or engorged breasts. Mothers should also know how to contact breastfeeding support groups and lay counselors.

Fourth Through the Seventh Day After Birth



About the third or fourth day, most mothers notice that their milk becomes more plentiful. The body is beginning to transition to the production of mature breastmilk—a process that can take about two weeks.

Reinforce good breastfeeding practices; monitor progress

During this period of transition, special attention is needed to prevent normal breast fullness from turning into painful engorgement or even infection. If the breasts are very full, the health care provider can help the mother hand express some of the first milk to soften the nipple and the area around the nipple so that the baby can attach well to the breast. Exclusive, frequent breastfeeding will help to prevent and to treat engorgement.

Counsel mother to observe the baby closely

Mothers should be alert to signs of illness and report anything unusual to a health care provider. They should know how to tell if the baby is getting enough breastmilk: baby passes urine at least six times in 24 hours, mother can hear the sound of the baby swallowing, and mother's breasts feel softer after a feed. During days 4–7, the baby should pass at least four stools in 24 hours. From weeks 2–6, the baby should pass at least one stool in 24 hours. After the sixth week, the average number of stools in infants varies widely.

Provide ongoing support

Mother and baby are just beginning their partnership. At any time doubts, breastfeeding problems, and external factors such as the marketing of breastmilk substitutes can disrupt the routines being established. The health care provider and community health worker can help create a social climate supportive to breastfeeding women by promoting evidence-based practices within their organizations. They can advocate for policies that reinforce these practices, link community services with the health sector, and provide families with accurate information and quality care.

Women and Newborns Need . . .

Families informed, prepared, and enabled to nourish and nurture their children.

Health care providers trained and equipped to offer breastfeeding support and give appropriate, quality care at home and in health facilities.

Communities and governments committed to the health and survival of women and newborns.

References and Resources

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Other references available upon request.

Other LINKAGES Publications

Facts for Feeding

- Recommended practices to improve infant nutrition during the first six months
- Guidelines for appropriate complementary feeding of breastfed children 6–24 months of age
- Breastmilk: A critical source of vitamin A for infants and young children

Frequently Asked Questions

- Breastfeeding and HIV/AIDS
- Breastfeeding and maternal nutrition
- Breastfeeding and water
- Lactational amenorrhea method
- Mother-to-mother support for breastfeeding

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